

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90121 012 ****61.25

DOCUMENT # N15005

1. Corporation Name

STEEPLECHASE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4826 HURDLE CT
ORLANDO FL 32818
US

Mailing Address

4826 HURDLE CT
ORLANDO FL 32818
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8003 STEEPCCHASE BLVD.		26 8003 STEEPCCHASE BLVD.		05/20/1986	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-1824597	
23 City & State		28 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
ORLANDO, FL		ORLANDO, FL			
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
32818		32818			
25 Country		30 Country			
USA		USA			

9. Name and Address of Current Registered Agent

RIFFLE, THOMAS R
4826 HURDLE COURT
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name	DON S. MOSTELLER
82 Street Address (P.O. Box Number is Not Acceptable)	
83	8003 STEEPCCHASE BLVD.
84 City	ORLANDO
85 Zip Code	FL 32818

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DON S. MOSTELLER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

4/15/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	11 TITLE	D/T ☒ Change ☐ Addition
NAME	RIFFLE, THOMAS R	12 NAME	DON S. MOSTELLER
STREET ADDRESS	4826 HURDLE COURT	13 STREET ADDRESS	8003 STEEPCCHASE BLVD.
CITY-ST-ZIP	ORLANDO FL 32818	14 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D ☐ DELETE	21 TITLE	
NAME	COMBS, GENE	22 NAME	
STREET ADDRESS	8244 STEEPCCHASE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	24 CITY-ST-ZIP	
TITLE	D ☒ DELETE	31 TITLE	D ☒ Change ☐ Addition
NAME	ALEXANDER, MARY	32 NAME	C.R. CASS
STREET ADDRESS	8209 STEEPCCHASE BLVD.	33 STREET ADDRESS	8026 STEEPCCHASE BLVD.
CITY-ST-ZIP	ORLANDO FL 32818	34 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	☐ DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DON S. MOSTELLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)